Fill in this infor	mation to identify your case:		21			
				eck one box only as A-1Supp:	s directed in this form and	I in Form
Debtor 1	John Lavene Ward		_			
Debtor 2 (Spouse, if filing)	Saundra Jean Ward		_	1. There is no pr	esumption of abuse	
	Doubles and the County for the Count	Ai alai ara a		2. The calculation	n to determine if a presur	nption of abuse
United States i	Bankruptcy Court for the: Eastern District of N	rlicnigan	-	applies will be	e made under Chapter 7	
Case number	22-31309		_ _	_	Official Form 122A-2).	
(if known)					est does not apply now be ary service but it could ap	
				☐ Check if this is	an amended filing	
Official F	<u>orm 122A - 1</u>					
Chapter	7 Statement of Your Curr	ent Mont	hly Inc	ome		12/19
attach a separate case number (if qualifying militar	and accurate as possible. If two married people are sheet to this form. Include the line number to when when you believe that you are exempted from y service, complete and file Statement of Exempted Iculate Your Current Monthly Income	ich the additional i a presumption of a	information apabuse becaus	pplies. On the top of se you do not have p	any additional pages, writerimarily consumer debts o	e your name and r because of
	our marital and filing status? Check one only	,				
	arried. Fill out Column A, lines 2-11.	, .				
_	ed and your spouse is filing with you. Fill out	hoth Columns A	and R lines :	2-11		
	ed and your spouse is NOT filing with you. Y					
_	ng in the same household and are not legal			umns A and R line	s 2-11	
	ng separately or are legally separated. Fill ou	•				ı declare under
per	nalty of perjury that you and your spouse are leg ng apart for reasons that do not include evading	gally separated un	nder nonbank	cruptcy law that app	olies or that you and your	
101(10A). For the 6 months,	erage monthly income that you received from all so example, if you are filing on September 15, the 6-mo add the income for all 6 months and divide the total be the same rental property, put the income from that pro	nth period would be y 6. Fill in the result.	March 1 throu Do not include	gh August 31. If the a e any income amount	mount of your monthly incon more than once. For examp	ne varied during le, if both
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
_	ss wages, salary, tips, bonuses, overtime, a ductions).	nd commissions	(before all	\$	\$	
	and maintenance payments. Do not include parties is filled in.	ayments from a s	pouse if	\$	\$	
of you or from an u and room	nts from any source which are regularly pai your dependents, including child support. I nmarried partner, members of your household, mates. Include regular contributions from a spo	nclude regular co your dependents,	ntributions , parents, n B is not	\$	\$	
	o not include payments you listed on line 3. ne from operating a business, profession, o	r farm		Ψ		
0. 1101 111001	no nom operating a basiness, profession, o	Debtor	1			
Gross red	eipts (before all deductions)	\$				
	and necessary operating expenses	- \$				
Net montl	nly income from a business, profession, or farm	\$ Co	opy here ->	\$	\$	
6. Net incor	ne from rental and other real property					
		Debtor	1			
Gross red	eipts (before all deductions)	\$				
_	and necessary operating expenses	-\$		•	Φ.	
Net montl	nly income from rental or other real property	\$ Co	opy here ->		- \$	
7. Interest,	dividends, and royalties			\$	Φ	

Official Form 122A-1

Debtor 1 Debtor 2 John Lavene Ward Saundra Jean Ward

Case number (if known)

22-31309

		Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8.	Unemployment compensation	\$	\$
	Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:	er	
	For you \$ For your spouse \$		
0	Pension or retirement income. Do not include any amount received that was a		
9.	benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.		\$
10.	Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below		\$
		\$	\$
	Total amounts from separate pages, if any.	. \$	\$
11.	Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. \$	+ \$	Total current monthly
Part	2: Determine Whether the Means Test Applies to You		income
12	Calculate your current monthly income for the year. Follow these steps:		
	12a. Copy your total current monthly income from line 11	Copy line 11 h	\$
	Multiply by 12 (the number of months in a year)		x 12
	12b. The result is your annual income for this part of the form		12b. \$
13.	Calculate the median family income that applies to you. Follow these steps:		
	Fill in the state in which you live.		
	Fill in the number of people in your household.		
	Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified for this form. This list may also be available at the bankruptcy clerk's office.	d in the separate instruct	13. \$
14.	How do the lines compare?		
	14a. Line 12b is less than or equal to line 13. On the top of page 1, check be Go to Part 3. Do NOT fill out or file Official Form 122A-2.	x 1, There is no presum	ption of abuse.
	14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The p</i> Go to Part 3 and fill out Form 122A–2.	resumption of abuse is o	determined by Form 122A-2.
Part	3: Sign Below		
	By signing here, I declare under penalty of perjury that the information on this s	tatement and in any atta	achments is true and correct.
	X /s/ John Lavene Ward X /s/ Sau	ındra Jean Ward	
		Ira Jean Ward	
		re of Debtor 2	

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 2

Debtor 1 John Lavene Ward Saundra Jean Ward

Case number (if known)

22-31309

Date September 15, 2022

MM / DD / YYYY

Date September 15, 2022

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this in	formation to identify your case:		
Debtor 1	John Lavene Ward		
Debtor 2 (Spouse, if fili	Saundra Jean Ward		
United States	Bankruptcy Court for the: Eastern District of Michigan		
Case number	22-31309	☐ Check if this is an amended filing	
	Form 122A - 1Supp ent of Exemption from Presumption (of Abuse Under § 707(b)(2)	12/15
exempted fro exclusions in	olement together with Chapter 7 Statement of Your Current Mon- om a presumption of abuse. Be as complete and accurate as pos- this statement applies to only one of you, the other person sho 1 U.S.C. § 707(b)(2)(C).	sible. If two married people are filing together, and any of the	he
Part 1	dentify the Kind of Debts You Have		
persona	Ir debts primarily consumer debts? Consumer debts are defined in I, family, or household purpose." Make sure that your answer is consults als Filing for Bankruptcy (Official Form 1).		ion for
■ No.	Go to Form 122A-1; on the top of page 1 of that form, check box 1, supplement with the signed Form 122A-1.	There is no presumption of abuse, and sign Part 3. Then submit	this
☐ Yes.	Go to Part 2.		
Part 2: D	Determine Whether Military Service Provisions Apply to You		
2. Are you	a disabled veteran (as defined in 38 U.S.C. § 3741(1))?		
□ No.	Go to line 3.		
☐ Yes.	Did you incur debts mostly while you were on active duty or while you 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).	u were performing a homeland defense activity?	
	No. Go to line 3.		
	Yes. Go to Form 122A-1: on the top of page 1 of that form, check be submit this supplement with the signed Form 122A-1.	ox 1, There is no presumption of abuse, and sign Part 3. Then	
3. Are you	or have you been a Reservist or member of the National Guard	?	
□ No.	Complete Form 122A-1. Do not submit this supplement.		
☐ Yes.	Were you called to active duty or did you perform a homeland defe	nse activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).	

Official Form 122A-1Supp

☐ Yes.

Statement of Exemption from Presumption of Abuse Under § 707(b)(2)

, which is fewer than 540 days before I

Complete Form 122A-1. Do not submit this supplement.

☐ I was called to active duty after September 11, 2001, for at least

I was called to active duty after September 11, 2001, for at least

which is fewer than 540 days before I file this bankruptcy case.

☐ I am performing a homeland defense activity for at least 90 days.

I performed a homeland defense activity for at least 90 days,

Check any one of the following categories that applies:

90 days and was released from active duty on

90 days and remain on active duty.

ending on

file this bankruptcy case.

page 1

If you checked one of the categories to the left, go to Form

submit this supplement with the signed Form 122A-1. You

are not required to fill out the rest of Official Form 122A-1

during the exclusion period. The exclusion period means

If your exclusion period ends before your case is closed,

the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11

you may have to file an amended form later.

U.S.C. § 707(b)(2)(D)(ii).

122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then

Fill in this infor	mation to identify your case:				directed in this form and	in Form
Debtor 1	John Lavene Ward		122	A-1Supp:		
Debtor 2 (Spouse, if filing)	Saundra Jean Ward			1. There is no pres	sumption of abuse	
United States	Bankruptcy Court for the: Eastern District of	Michigan	[applies will be r	to determine if a presur made under <i>Chapter 7</i> ficial Form 122A-2).	•
Case number	22-31309		_ [☐ 3. The Means Test	does not apply now be service but it could ap	
				_	, ,	ply later.
Official E	Orm 100A 1		l	☐ Check if this is a	in amended filing	
	orm 122A - 1					
Chapter	7 Statement of Your Cur	rent Mor	ithly inc	ome		12/19
attach a separat case number (if qualifying milita	and accurate as possible. If two married people a e sheet to this form. Include the line number to w known). If you believe that you are exempted fror ry service, complete and file <i>Statement of Exemp</i> alculate Your Current Monthly Income	hich the addition n a presumption	al information a of abuse because	pplies. On the top of a se you do not have pri	ny additional pages, writ marily consumer debts o	te your name and or because of
	our marital and filing status? Check one on	lv.				
	arried. Fill out Column A, lines 2-11.	.,.				
	ed and your spouse is filing with you. Fill ou	it both Columns	A and B lines	2-11		
	ed and your spouse is NOT filing with you.		,	L 11.		
	ng in the same household and are not lega	-	•	umns A and B lines	2-11	
	ng separately or are legally separated. Fill of	•		•		ı declare under
реі	nalty of perjury that you and your spouse are length apart for reasons that do not include evadir	egally separated	under nonban	kruptcy law that appli	es or that you and your	
101(10A). For the 6 months,	erage monthly income that you received from all example, if you are filing on September 15, the 6-m add the income for all 6 months and divide the total the same rental property, put the income from that p	onth period would by 6. Fill in the res	be March 1 throu sult. Do not includ	gh August 31. If the ame e any income amount m	ount of your monthly incon ore than once. For examp	ne varied during ble, if both
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
_	ss wages, salary, tips, bonuses, overtime, aductions).	and commissio	ons (before all	\$	\$	
	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.			\$	\$	
of you or from an u and room	nts from any source which are regularly party our dependents, including child support. In married partner, members of your household mates. Include regular contributions from a spoon of include payments you listed on line 3.	Include regular , your depender	contributions nts, parents,	\$	\$	
5. Net inco	me from operating a business, profession,	or farm				
			tor 1			
Gross red	eipts (before all deductions)	\$				
	and necessary operating expenses	-\$		•	•	
	hly income from a business, profession, or farm	n \$	Copy here ->	\$	\$	
6. Net inco	me from rental and other real property	Deb	tor 1			
Gross red	eipts (before all deductions)	\$				
	and necessary operating expenses	-\$				
Net mont	hly income from rental or other real property	\$	Copy here ->	\$	\$	
7. Interest.	dividends, and royalties			\$	\$	

Official Form 122A-1

22-31309

Debtor 1 Debtor 2 John Lavene Ward Saundra Jean Ward

Ira Jean Ward Case number (if known)

					Column A Debtor 1	Column B Debtor 2 or non-filing s	pouse
8.	Unemp	oloyn	nent compensation		\$	\$	
	Do not the Soc	enter	r the amount if you contend that the amount received was a ber security Act. Instead, list it here:		. · · · · · · · · · · · · · · · · · · ·		
	Fory	our s	spouse \$				
	Pension benefit not incl United disability pay paid does no	unde unde ude a State ty, or id und ot exc	retirement income. Do not include any amount received that were the Social Security Act. Also, except as stated in the next sen any compensation, pension, pay, annuity, or allowance paid by as Government in connection with a disability, combat-related in death of a member of the uniformed services. If you received a der chapter 61 of title 10, then include that pay only to the extended the amount of retired pay to which you would otherwise be der any provision of title 10 other than chapter 61 of that title.	was a tence, do the jury or iny retired it that it		\$	
			m all other sources not listed above. Specify the source and	amount.			
	Do not receive domest United disability	inclued as tic ter State ty, or	de any benefits received under the Social Security Act; paymer a victim of a war crime, a crime against humanity, or internation rrorism; or compensation pension, pay, annuity, or allowance pes Government in connection with a disability, combat-related in death of a member of the uniformed services. If necessary, list a separate page and put the total below	nts nal or aid by the jury or			
					\$	\$	
			tal annuals for a second second of a second		\$	\$	
		lot	tal amounts from separate pages, if any.	+	\$	\$	
11.			our total current monthly income. Add lines 2 through 10 for n. Then add the total for Column A to the total for Column B.	\$	+ \$		Total current monthly
Part			rmine Whether the Means Test Applies to You				income
12.		-	our current monthly income for the year. Follow these steps:				
	12a. Co	ору у	rour total current monthly income from line 11		Copy line 11 he	ere=>	\$
	М	ultiply	y by 12 (the number of months in a year)				x 12
	12b. Th	ne res	sult is your annual income for this part of the form			12b.	\$
13.	Calcula	ate th	he median family income that applies to you. Follow these st	teps:			
	Fill in th	ne sta	ate in which you live.				
	Fill in th	ne nu	ımber of people in your household.				
	To find	a list	edian family income for your state and size of household. t of applicable median income amounts, go online using the link . This list may also be available at the bankruptcy clerk's office.	specified	in the separate instructi	13. ons	\$
14.	How de	o the	e lines compare?				
	14a.		Line 12b is less than or equal to line 13. On the top of page 1, Go to Part 3. Do NOT fill out or file Official Form 122A-2.	check box	1, There is no presump	otion of abuse	
	14b.		Line 12b is more than line 13. On the top of page 1, check box Go to Part 3 and fill out Form 122A–2.	2, The pr	esumption of abuse is d	etermined by	Form 122A-2.
Part	3:	Sign	Below				
	Ву	/ sign	ning here, I declare under penalty of perjury that the information	on this sta	atement and in any attac	chments is tru	e and correct.
	X	/s/ J	John Lavene Ward X	/s/ Sau	ndra Jean Ward		
		Joh	n Lavene Ward	Saundr	a Jean Ward		
		Sign	ature of Debtor 1	Signatur	e of Debtor 2		

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 2

Debtor 1 John Lavene Ward Saundra Jean Ward

Case number (if known)

22-31309

Date September 15, 2022

MM / DD / YYYY

Date September 15, 2022

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this info	ormation to identify your case:		
Debtor 1	John Lavene Ward		
Debtor 2 (Spouse, if filin	Saundra Jean Ward		
United States I	Bankruptcy Court for the: Eastern District of Michigan		
Case number (if known)	22-31309	☐ Check if this is an amended filing	
	orm 122A - 1Supp nt of Exemption from Presumption o	f Abuse Under § 707(b)(2)	12/1
exempted from exclusions in t	ement together with <i>Chapter 7 Statement of Your Current Month</i> a presumption of abuse. Be as complete and accurate as poss this statement applies to only one of you, the other person shou U.S.C. § 707(b)(2)(C).	ble. If two married people are filing together, and any	of the
Part 1 Ide	entify the Kind of Debts You Have		
personal,	debts primarily consumer debts? Consumer debts are defined in family, or household purpose." Make sure that your answer is consists Filing for Bankruptcy (Official Form 1).		
	Go to Form 122A-1; on the top of page 1 of that form, check box 1, <i>Th</i> supplement with the signed Form 122A-1.	nere is no presumption of abuse, and sign Part 3. Then sub	bmit this
☐ Yes. 0	Go to Part 2.		
Part 2: De	etermine Whether Military Service Provisions Apply to You		
	a disabled veteran (as defined in 38 U.S.C. § 3741(1))? Go to line 3.		
☐ Yes. [Did you incur debts mostly while you were on active duty or while you 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).	were performing a homeland defense activity?	
		x 1, <i>There is no presumption of abuse,</i> and sign Part 3. Th	nen
3. Are vou d	or have you been a Reservist or member of the National Guard?		
□ No.	Complete Form 122A-1. Do not submit this supplement.		
☐ Yes.	Were you called to active duty or did you perform a homeland defen	se activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).	
	lo. Complete Form 122A-1. Do not submit this supplement.		
□Y	es. Check any one of the following categories that applies:		

Official Form 122A-1Supp

Statement of Exemption from Presumption of Abuse Under § 707(b)(2)

, which is fewer than 540 days before I

☐ I was called to active duty after September 11, 2001, for at least

I was called to active duty after September 11, 2001, for at least

which is fewer than 540 days before I file this bankruptcy case.

☐ I am performing a homeland defense activity for at least 90 days.

I performed a homeland defense activity for at least 90 days,

90 days and remain on active duty.

ending on

file this bankruptcy case.

90 days and was released from active duty on

If you checked one of the categories to the left, go to Form

122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then

submit this supplement with the signed Form 122A-1. You

are not required to fill out the rest of Official Form 122A-1

during the exclusion period. The exclusion period means

If your exclusion period ends before your case is closed,

the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11

you may have to file an amended form later.

U.S.C. § 707(b)(2)(D)(ii).